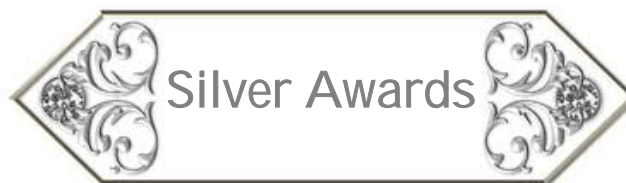




# Residential Assisted Living Facilities Program Newsletter

July 2020

The following was the only award for the quarter:



Facility	Administrator	Date
Ashley Manor - Hill Road	Tracy White	03/05/20

*Silver awards are granted when a facility receives no core deficiencies and three or fewer non-core deficiencies on a licensure survey.*

## Inside This Issue

- 1 Silver Awards
- 1 PPE Surveys
- 2 RALF Rules
- 2 Nursing Notes
- 3 Dementia Skills Training
- 6 Feature FAQ
- 6 COVID-19 Resources
- 7 Assisted Living and Hospice Agencies
- 9 Local Headlines
- 10 National Headlines

Compiled and Edited By:  
Ashley Henscheid

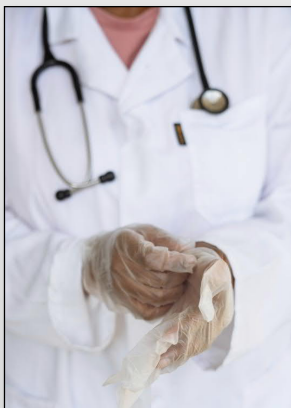
## PPE Surveys

There are two surveys related to tracking and obtaining Personal Protective Equipment (PPE) supplies for facilities:

- ⇒ The Idaho Resource Tracking System (IRTS) ensures PPE from local public health districts is distributed to facilities when and where needed. This survey should be completed by facilities every week.
- ⇒ Survey123 from Idaho Emergency Operations Center (IDEOC) ensures PPE from FEMA is distributed to Idaho when and where needed. This survey needs to be completed by facilities daily.

There are links to instructions for these surveys on our website; the IRTS link should be opened in Google Chrome or Microsoft Edge.

Regardless of current COVID-19 status, it is recommended each facility have a sufficient supply of PPE on-hand for each direct care healthcare personnel to wear full PPE for the care of all residents for at least three days. Once a facility does have an outbreak, obtaining large amounts of PPE quickly can be very difficult.



## RALF Rules

The updated RALF rules went into effect on July 1st, 2020. The official text is now available and linked on the RALF website [here](#):

### Regulatory Requirements & Guidance

- ▣ **Administrative Rules - Idaho Administrative Procedures Act (IDAPA)**
  - [IDAPA 16.03.22 Residential Assisted Living Facilities](#)

A summary of changes can be found on the website under "Announcements: Summary of Proposed Rules" – that document is linked [here](#).

These are new rules for everyone in Idaho – Health and Welfare included. If you have questions please do not hesitate to contact the RALF team, we welcome the opportunity to learn the new rules together!

## Nursing Notes

Hello Assisted Living Nurses!

Although our classroom nurse courses are currently suspended, there are still resources for training out there. Please visit our website (<https://assistedliving.dhw.idaho.gov>) for information regarding the state licensing requirements for licensed nurses working in assisted living facilities.

Website "must reads" for assisted living nurses include: Nursing Care in Assisted Living found under "Regulatory Requirements & Guidance: Nursing in Assisted Living", the Frequently Asked Questions (FAQs) and the Quality Assurance Checklists for Nursing Services and Medications.

If you have any questions regarding rule clarification or guidance, please contact the Residential Assisted Living Facilities Team at 208-364-1962. Also continue to watch RALF Newsletters for updates to the website and related resources.



# Dementia Skills Training

By: Ashley Henscheid

The Idaho Commission on Aging has many training programs on their website (<https://aging.idaho.gov/>) under the "Programs" tab. A newer training, called Dementia Skills (<https://aging.idaho.gov/stay-educated/dementia-skills/>), is comprised of 11 modules. From The Idaho Commission on Aging:

"The goal of the Dementia Skills training is to give caregivers of all types the practical knowledge and tools to help people living with dementia enjoy moments of human connection, beauty, and personal satisfaction. Every person with dementia is unique. This training focuses on how people in the middle stages of dementia experience their world."



The Idaho Commission on Aging recommends taking the 11 modules in relatively close succession (within 60 – 90 days). The total training program includes over 100 additional resources. If taken in succession without reviewing the additional resources, the 11 modules can be completed in approximately 2 hours. We took the training and put together this overview, including module highlights in the hopes that certain modules will stand out as topics your assisted living could review closer. The modules include:

- Module One: Practicing the Up the Pyramid Approach
- Module Two: Providing Safe and Comfortable Care
- Module Three: Preparing for Communication
- Module Four: Promoting Communication
- Module Five: Promoting Connection
- Module Six: Positive Redirection
- Module Seven: Planning for Safety and Success
- Module Eight: Providing Comfort During ADLs
- Module Nine: Personalizing Care
- Module Ten: Protecting Caregivers
- Module Eleven: Preventing Abuse



While the focus of the training program is to teach skills to caregivers of people with dementia, that care can take place in a variety of settings. People with dementia receive care at home, in a hospital, in assisted livings, etc. Keep this in mind when considering implementing techniques from the training in assisted living facilities.

Each module provides information on the corresponding topic above, as well as supplemental materials in the "Toolkit," "Resources" and "Module Materials." For example, the Toolkit for the first module includes a printable "Dementia Bill of Rights." Another highlight of module one is the focus topic – working to move each resident's quality of life up a "pyramid" from minimal (survival) to the best (fulfillment).

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# Dementia Skills Training

## By: Ashley Henscheid

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Module Two helps put the life of a person with dementia in perspective using “fight, flight or freeze.” In Section 3.2 the training talks about the struggles caregivers can encounter providing training to someone who is combative:

“When a stress response is triggered in a person with dementia a natural reaction is to fight. This upsets caregivers for many reasons. First, it feels personal, like you are being rejected when you just want to help. Secondly, it may be very different from the way the person acted prior to developing dementia. Lastly, it is scary and can lead to caregivers getting hurt.”

Module Two, Section 4 lets us do some relatable perspective-taking regarding triggers of stress:

“Have you ever thought a garden hose was a snake? How long did it take you to feel normal even when you knew there was no snake? Was it an enjoyable experience? If you were a person with dementia, you would never remember that that hose is just a hose. Every time you saw it your mind would yell “snake!” and your brain would trigger a stress response.”

Module Three (Preparing for Communication) is a helpful module for those who evaluate resident behavior. It includes an acronym for behavior assessment: DICE - Describe, Investigate, Create a plan, Evaluate. The Toolkit has many materials related to behavior analysis as well.

Module Four is good training for anyone that interacts with someone with dementia, related to respectful communication. Module Five is good training for caregivers related to their interactions with people with dementia and ensuring they promote connection. Each module includes a guide (and other resources) in the Toolkit.

Module Six (Positive Redirection) is aimed at helping caregivers handle maladaptive behavior from those with dementia. Section 3.2 discusses the importance of knowing personal information about the person with dementia and says “...the easier it is to start conversations and find common ground. It also helps you understand them better and continue to see them as an individual.” The module covers the “3 R’s”: Repeat, Reframe and Redirect; and a 1 minute, 43 second video in Section 6 demonstrates the process in action very well.

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# Dementia Skills Training

## By: Ashley Henscheid

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Module Seven is about customizing the physical environment for success and to maximize independence. Sections 6.1 – 6.7 have a good tool (RECAPS: Reminders, Environment, Consistent routines, Attention, Practice and Simple steps). However, the module includes a lot of information for the home environment – ensure physical environment considerations from this module are cross-referenced with IDAPA 16.03.22 before implementing them in an assisted living facility.

Module Eight (Providing Comfort During ADLs), Section 4.1 includes the following:

“Bathing is often the most difficult personal care activity that caregivers face. Because it is such an intimate experience, people with dementia may perceive it as unpleasant or intrusive. They may show their discomfort or distress by screaming, crying, resisting or hitting.”

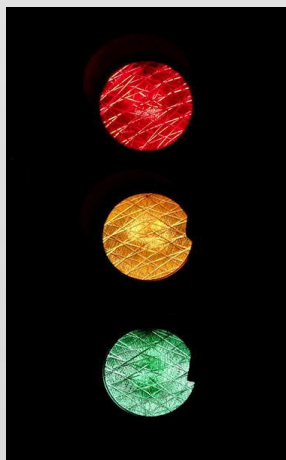
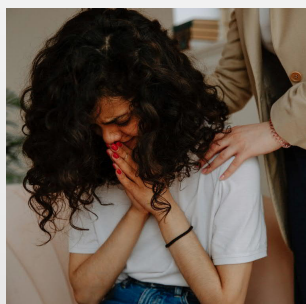
The module includes many ways to ease the experience of providing care, including “Prepare the bathroom in advance” and “Simplify Choices.”

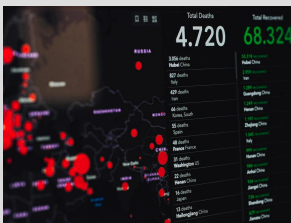
Module Nine takes all of the training focus topics and integrates them in comprehensive, personalized care planning. The module includes, “A written plan can help everyone be consistent...Having a good plan saves energy and adds to quality of life.” The Toolkit of Module Nine includes a great example “Life Story Questionnaire” for getting to know residents better.

Module Ten addresses some of the more difficult aspects of a caregiver’s job and how to help with those areas, including: Social Needs, Isolated and Overwhelmed and Grieving. Supplemental resources include focus topics of “Never say THIS to a caregiver” and “Caregiver Guilt.”

Last, but certainly not least, is Module 11: Preventing Abuse. This module takes the approach that any human, in the right circumstances and situation, is capable of abuse. This module not only provides information on various types of abuse, but information on warning signs that you are reaching an unsafe place – using green, yellow and red zone analogies.

A direct link to the Dementia Skills training can also be found on the RALF website.





## Featured FAQ

For this newsletter, instead of featuring one FAQ, we are featuring the entire FAQ section from the RALF website, as the section has been recently expanded. We now have “FAQs for Stage 4: Protocols for Long-Term Care Facilities.” This is to answer common questions that have been asked in response to the Stage 4: Protocols for Long-Term Care Facilities – also included on the website. Additionally, new to the section: FAQs for Fire Life Safety to answer the most common physical environment questions.

### Frequently Asked Questions

#### Frequently Asked Questions (FAQs)

- [FAQs \(11/08/2016\)](#)
- [FAQs for Stage 4: Protocols for Long-Term Care Facilities](#)
- [FAQs for Fire Life Safety](#)

## COVID-19 Resources

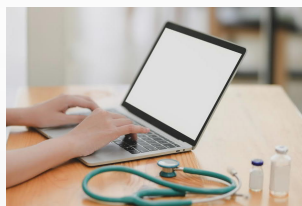
The Idaho COVID-19 Hotline closed on June 26th. As always, you can contact the RALF team using any of the methods listed on the last page of this newsletter, as well as contact your local public health district. Here are additional COVID-19 resources available that you might also find helpful:

- <https://coronavirus.idaho.gov> - This website is updated daily with the number of new cases, total cases and deaths in Idaho. The site also has all formal guidance and many resources, including contact information for all public health districts.
- <https://coronavirus.jhu.edu/map.html> - This website, maintained by Johns Hopkins University includes national and global data, including many specific aspects of data to look at - such as hospitalization and fatality rates.
- <https://assistedliving.dhw.idaho.gov> - The RALF website has a variety of COVID-19 resources, including testing and financial relief information.



# Assisted Living and Hospice Agencies

## By: Teresa McClenathan



Hospice agencies offer support and resources for assisted living facilities, assisted living residents and their families. The agency can be a great resource for training and to augment the care already given to residents. However, it is important to remember that the involvement of a hospice agency does not relinquish an assisted living of the responsibility of resident care. Assisted living facilities should always follow their policies and procedures, resident Negotiated Service Agreements (NSAs), resident admission agreements and IDAPA rules.

Facility nurse responsibilities can be found at IDAPA 16.03.22.300 (Requirements for Nursing Services). Requirements for the Licensed Registered Nursing Assessment are listed at IDAPA 16.03.22.305 and include the following:

“For each resident the facility’s licensed registered nurse must assess and document, including date and signature, the following:

**03. Resident Health Status.** The health status of each resident by conducting a physical assessment and identifying symptoms of illness, or any changes in mental or physical health status.”



It is crucial that assisted living facilities work closely with hospice agencies to have a clear understanding of one another’s roles, responsibilities and expectations. For example: Under what circumstances would EMS be called? How will medications and treatments, such as wound care, be managed? Communication should take place on a regular basis, including the facility nurse reviewing hospice visit notes and person-to-person communication.

Here are some examples of situations which would require clear communication between an assisted living facility and a hospice agency:

- If a resident falls and is injured, the facility is responsible for the resident’s health and safety. The facility nurse must assess the resident and call EMS if indicated. Hospice should be notified however, the facility nurse is responsible for making recommendations regarding care, including calling 911. If the resident goes to the ER, hospice may make their own judgement in terms of discharging the resident from their services.
- If a resident develops a wound, it is ultimately the responsibility of the facility nurse to assess and monitor the wound. Often, hospice nurses do not have specialized training regarding staging and assessing wounds. The facility nurse must document measurements, a description of the wound, any changes and the healing process...



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# Assisted Living and Hospice Agencies

## By: Teresa McClenathan

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- ...This assessment must be made by the facility nurse and not be simply copied from hospice notes. Best practice would be for the facility nurse to meet with the hospice (or home health nurse, if that is the case) to assess and measure the wound together regularly. All IDAPA rules for wounds still apply to residents on hospice. IDAPA 16.03.22.152.03.b documents, "No resident will be admitted or retained who requires ongoing skilled nursing or care not within the legally licensed authority of the facility. Such residents include:
  - ...viii. A resident with open, draining wounds for which the drainage cannot be contained;
  - ix. A resident with a Stage 3 or 4 pressure injury [formerly pressure ulcer]\* or a pressure injury that is unstageable;
  - x. A resident with any type of pressure injury or open wound that is not improving bi-weekly;"\*Note: The term "pressure ulcer" was changed to "pressure injury" and updated in the new RALF rules (effective 7/1/20)
- Hospice generally manages the resident's medications however, the facility nurse continues to be responsible for conducting a review of all prescription and OTC medications taken by the resident for side effects, interactions, abuse and overseeing the medication administration assistance by the unlicensed staff.

Here are some frequently asked questions (FAQs), which may also help:

**Question:** Should the facility call 911, not the hospice nurse, first if there is an emergency not related to the terminal condition?

**Answer:** Yes, 911 must be called first in this situation. The hospice nurse cannot substitute for the facility nurse.

**Question:** If a hospice resident has blackout episodes that are a part of their disease process does 911 have to be called?

**Answer:** Not if the facility has written parameters from the physician describing when 911 should not be called.

**Question:** Can the hospice nurse delegate to the facility staff?

**Answer:** Yes. As long as the delegation is face-to-face and documented the same as it would be from the facility nurse. The hospice nurse can delegate the facility staff; however, the staff cannot then train each other. For each staff, training/delegation must come directly from either the facility nurse or the hospice/home health nurse. Further, the hospice or home health nurse should communicate to the facility RN about what was delegated to staff.

Having strong coordination of care while working with hospice and other outside agencies is vital. Remember assisted living facilities are ultimately responsible for the residents' health and safety.



## Local Headlines

- 6/10/20 [Idaho Health and Welfare Discusses COVID-19 in Long-Term Care Facilities](#)
- 6/13/20 [American Red Cross to Begin Antibody Testing on Donations](#)
- 6/15/20 [Face Masks Are Essential to Slowing The Coronavirus Spread. Here's A Guide to Help You](#)
- 6/19/20 [As Coronavirus Spreads, Some Neighbor States Have Paused Reopening. Here's Why Idaho Hasn't.](#)
- 6/22/20 [Idaho Still Thousands of Tests Per Week Behind Testing Task Force Goals](#)
- 6/27/20 [The Essential Facts of Community Spread](#)
- 6/30/20 [Millions Gained Access to Telehealth During The Pandemic, But Can They Keep It?](#)
- 7/2/20 [Assisted Living Facility Resident is Eastern Idaho's Third COVID-19 Death](#)
- 7/4/20 [These Idaho Cities Are Requiring Masks to Be Worn in Public](#)
- 7/4/20 [COVID-19 Cases Triple in Canyon County in Two Weeks as Idaho's Spike Continues](#)
- 7/7/20 [Gov. Little: 'We Are Very Concerned' About Fall COVID-19 Outbreak as Cases Continue Rising](#)
- 7/10/20 [500 New COVID-19 Cases in Idaho Reported Friday; 101 Deaths](#)
- 7/10/20 [Understanding The Numbers: Confirmed and Probable COVID-19 Cases in Idaho](#)



#### RALF Program Contact Information

- Phone:  
(208) 364-1962
- Email:  
[RALF@dhw.idaho.gov](mailto:RALF@dhw.idaho.gov)
- Websites:



[https://  
assistedliving.dhw.idaho.gov](https://assistedliving.dhw.idaho.gov)



[www.flareslive.com/portal/  
ProviderLogin.aspx](http://www.flareslive.com/portal/ProviderLogin.aspx)

Images from Pexels and Pixabay

## National Headlines

- 6/10/20 [Coronavirus \(COVID-19\) Update: FDA Authorizes First Next Generation Sequence Test for Diagnosing COVID-19](#)
- 6/18/20 [As States Reopen, Do They Have The Workforce They Need to Stop Coronavirus Outbreaks?](#)
- 6/23/20 [FDA Warns 9 Hand Sanitizers May Contain A Potentially Fatal Ingredient](#)
- 6/27/20 [Virus Visitor Bans Renew Interest in Nursing Home Cameras](#)
- 6/30/20 [California And Florida Are Charting Different Coronavirus Paths as Cases Spike](#)
- 7/2/20 [Residents in Long Term Care Facilities Looking for Pen Pal as COVID-19 Prevents Visitation](#)
- 7/4/20 [239 Experts With One Big Claim: The Coronavirus Is Airborne](#)
- 7/5/20 [Federal Lawmakers Calculate 7,000 Covid-19 Deaths in Assisted Living, Push Bill](#)
- 7/7/20 [Inside The Connecticut Assisted Living Facility Where COVID Never Had a Chance](#)
- 7/10/20 [AHCA Suspends New Admissions at Brandon Assisted Living Facility After Found With No COVID-19 Plan](#)
- 7/10/20 [Assisted Living Facility Installs Visitor Booth for Residents After Five Months of Isolation](#)
- 7/11/20 [Coronavirus Deaths Take a Long-Expected Turn for The Worse](#)
- 7/11/20 [30-Year-Old Dies After Attending 'COVID Party' Thinking Virus Was a 'Hoax'](#)